

THIS IS YOUR RECORD—KEEP IN YOUR FILE

SUPERVISOR'S REPORT OF AN ACCIDENT

NAME OF INJURED EMPLOYEE: _____ DATE OF REPORT _____

AGE	LENGTH OF EMPLOYMENT AT PLANT	ON JOB	DEPARTMENT	SECTION
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<input type="checkbox"/> HEAD <input type="checkbox"/> EYES <input type="checkbox"/> TRUNK <input type="checkbox"/> ARMS	<input type="checkbox"/> HANDS <input type="checkbox"/> LEGS <input type="checkbox"/> TOES <input type="checkbox"/> INTERNAL	<input type="checkbox"/> WOUNDS <input type="checkbox"/> STRAIN & SPRAIN <input type="checkbox"/> HERNIA <input type="checkbox"/> FRACTURE	<input type="checkbox"/> AMPUTATION <input type="checkbox"/> BURNS <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> SKIN (occupational)	<input type="checkbox"/> DEATH <input type="checkbox"/> FIRST AID ONLY <input type="checkbox"/> DUE TO DELAYED MEDICAL TREATMENT
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REMARKS: _____

REMARKS: _____

REMARKS: _____

DATE OF INJURY	HOUR	DEPARTMENT	EXACT LOCATION
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EYEWITNESSES _____

DESCRIBE ACCIDENT; INCLUDE THE MACHINE, EQUIPMENT, OBJECT OR SUBSTANCE INVOLVED . . . ALL DETAILS . . . USE BACK SPACE IF NECESSARY _____

CAUSE: Mark basic cause ☒ Mark contributing cause, if any ☐

<p>UNSAFE CONDITIONS</p> <ol style="list-style-type: none">1 <input type="checkbox"/> INADEQUATELY GUARDED2 <input type="checkbox"/> UNGUARDED3 <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE4 <input type="checkbox"/> UNSAFE DESIGN OR CONSTRUCTION5 <input type="checkbox"/> HAZARDOUS ARRANGEMENT6 <input type="checkbox"/> UNSAFE ILLUMINATION7 <input type="checkbox"/> UNSAFE VENTILATION8 <input type="checkbox"/> UNSAFE CLOTHING9 <input type="checkbox"/> INSUFFICIENT INSTRUCTION	<p>UNSAFE ACTS</p> <ol style="list-style-type: none">1 <input type="checkbox"/> OPERATING WITHOUT AUTHORITY2 <input type="checkbox"/> OPERATING AT UNSAFE SPEED3 <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE4 <input type="checkbox"/> USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY5 <input type="checkbox"/> UNSAFE LOADING, PLACING, MIXING6 <input type="checkbox"/> TAKING UNSAFE POSITION7 <input type="checkbox"/> WORKING ON MOVING OR DANGEROUS EQUIPMENT8 <input type="checkbox"/> DISTRACTION, TEASING, HORSE PLAY9 <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES
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WHY WAS THE UNSAFE ACT COMMITTED? _____ WHY DID THE UNSAFE CONDITION EXIST? _____

ANY PHYSICAL DISABILITIES? _____

NUMBER OF PREVIOUS DISABLING INJURIES? _____

GUIDES TO CORRECTIVE ACTION

BASED ON THE CAUSE CHECKED ABOVE, I AM TAKING THE FOLLOWING CORRECTIVE ACTION:

<p>UNSAFE ACT</p> <ol style="list-style-type: none"><input type="checkbox"/> 1 STOP THE WORKER<input type="checkbox"/> 2 STUDY THE JOB<input type="checkbox"/> 3 INSTRUCT (tell—show—try—check)<input type="checkbox"/> 4 FOLLOW UP<input type="checkbox"/> 5 ENFORCE	<p>UNSAFE CONDITION</p> <ol style="list-style-type: none"><input type="checkbox"/> 1 REMOVE<input type="checkbox"/> 2 GUARD<input type="checkbox"/> 3 WARN<input type="checkbox"/> 4 SUPERVISORY TRAINING	<p><i>If Supervisor Can't Handle, Then</i></p> <p>5 RECOMMEND TO: (a) <input type="checkbox"/> OWN BOSS, OR (b) <input type="checkbox"/> SAFETY COMMITTEE, OR (c) <input type="checkbox"/> MAINTENANCE DEPT., OR (d) <input type="checkbox"/> _____</p> <p>6 FOLLOW UP</p>
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WHAT I AM ACTUALLY DOING TO PREVENT SIMILAR INJURIES _____

WHAT FURTHER RECOMMENDATIONS? _____

SIGNATURES

IMMEDIATE SUPERVISOR OR FOREMAN

REC. BY PLANT MANAGER OR SUPT.



1. Describe the accident in your own words just as you saw it happen. Describe the surroundings or setting before the accident and the position of the injured party in relation to the surroundings, then describe the steps in proper sequence leading to the accident that happened. If possible attach a picture or make a drawing.

2. Describe any near accidents you have observed in the past week.

3. Report any unsafe procedures you have observed in the past week. (Physical hazards are classed as unsafe procedures as well as human acts.)